



#9 / Amended w/let
PATENT Drug Corr
4/20/04
a.s.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 09/782,751

For: METHOD AND APPARATUS
FOR POWER CONTROL IN A
WIRELESS COMMUNICATION
SYSTEM

STEIN A. LUNDBY

Examiner: EDAN ORGAD

Filed: 2/12/2001

Group No. 2684

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RESPONSE TO OFFICE ACTION

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated December 5th, 2003, please amend the above-identified application as indicated below. Applicant hereby petitions a 1 month Extension of Time.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

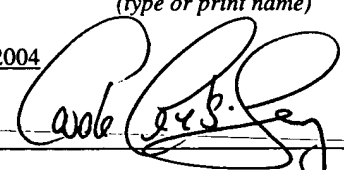
I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Carola Emelius-Swartz
(type or print name)

Date: 3/31/2004

Signature: 

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____

04/07/2004 MDANTE1 00000013 170026 09782751

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PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

\$ 2684

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 000411
In Re Application of: LUNDBY
Serial Number: 09/782,751
Filed: 2/12/2001
Examiner: E. ORGAD
Group Art Unit: 2684

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.
In addition, the following documents are enclosed:

1. ☒ A Petition for Extension of Time: (1) month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	11	20	0	x \$18 =	\$0.00
Independent**	7	7	0	x \$86 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0.00
EXTENSION FEES			<input checked="" type="checkbox"/> One Month	\$110	\$110.00
			<input type="checkbox"/> Two Months	\$420	\$0.00
			<input type="checkbox"/> Three Months	\$950	\$0.00
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$180	\$0.00
			<input type="checkbox"/> After Final Office Action	\$130	\$0.00
TERMINAL DISCLAIMER				\$110	\$0.00
				TOTAL FEE	\$110.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$110.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 3/31/2004

Signature:

Sandra L. Godsey, Reg. No. 42,589
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